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PTO/SB/87 (09-04)

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Serial No.: 09/743,653

Docket No.: RCA89131

Art Unit: 2137

Examiner: DAVIS, Zachary A.

Mail Stop: RCE

Cert. of Transmission - 1 pg

RCE - 1 pg

Fee Transmittal - 1 pg

**TOTAL = 18 pgs**

IDS - 2 pgs

IDS by Applicant - 1 pg

Reference BA - 6 pgs

Reference BB - 6 pgs

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL for FY 2007

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **990.00**

*Complete if Known*

Application Number	09/743,653	<b>RECEIVED</b>
Filing Date	03/14/2001	<b>CENTRAL FAX CENTER</b>
First Named Inventor	ESKICIOGLU, Ahmet M., et al.	<b>SEP 08 2008</b>
Examiner Name	DAVIS, Zachary A.	
Art Unit	2137	
Attorney Docket No.	RCA89131	

## METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER 24498

Check  Credit Card  Money Order  None  Other (please identify) : \_\_\_\_\_

Deposit Account Deposit Account Number: 07-0532 Deposit Account Name: THOMSON LICENSING LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

Under 37 CFR 1.16 and 1.17

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## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

### 2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee Paid (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Multiple Dependent Claims		
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
_____ - 20 or HP = _____	x _____	= _____
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
_____ - 3 or HP = _____	x _____	= _____
HP = highest number of independent claims paid for, if greater than 3.		

### 3. APPLICATION SIZE FEE


If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	_____
Other (e.g., late filing surcharge): RCE	810.00
IDS	180.00
<b>Fees Paid (\$)</b>	<b>_____</b>

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	40,677	Telephone	609 734 6815
Name (Print/Type)	PAUL P. KIEL	Date	9/8/08		

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